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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
09/905,080	07/16/2001		Yatin Acharya		95-508	5978
TITLE OF INVENTIO	N: ARRANGEMENT	FOR REDUCING APP	LICATION EXECUTION	BASED ON A DETE	RMINERALAGE OF	0385 <sup>OW</sup> 09995889
CONTROL CREDITS F	OR A NETWORK CHA	NNEL		01 FC:1501	1510.00 DA	
				81 LC:1201	1010.00 2	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	11/17/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
NGUYEN, THU HA T		2453	709-235000			
CFR 1.363).  Change of correspondence of corresp	ence address or indication	•	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  Manelli Denison & Selter PLLC			
Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customo Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 Leon R. Turkevich			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)		
PLEASE NOTE: Un recordation as set for	less an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee is it assignment.	dentified below, the de	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Advanced Micro Devices, Inc. Sunnyvale, CA						
Please check the appropri	riate assignee category or	r categories (will not be p	rinted on the patent):	Individual 🛛 Corporat	ion or other private gro	oup entity Government
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Plea	se first reapply any prev	viously paid issue fee	shown above)
Issue Fee A check is enclosed.  Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-0305 (enclose an extra copy of this form).			
5 Change in Entire Sta	tus (from status indicate	4-1	overpayment, to Depo	sit Account Number U1	(enclose a	n extra copy of this form).
	is SMALL ENTITY state	.,	☐ b. Applicant is no lon	ger claiming SMALL EN	TITY status. See 37 Cl	FR 1.27(g)(2).
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Authorized Signature	10			Date Sentem	ıber 21, 20	009
Typed or printed name Leon R. Turkevich			Registration No. 34, 035			
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